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No. 8

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

AUGUST, 1918

O. C. WELBOURN, A. M., M. D., Editor

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We do not propose to enter into the many problems that concern technical Internal Revenue Decisions, but in reply to many questions that reach us from physician patrons regarding the use of alcohol in their practice, we will state as follows:

In our opinion the aim of the Law is to **prevent** beverage alcohol from reaching the public in a **condition** that will enable it to be used as an alcoholic drink. Consequently everyone, including physicians, must conform to the rules, one of which is that only non-beverage alcohol and alcoholic remedies too highly medicated to be employed as a drink, can be used in prescriptions.

Non-Beverage Alcohol. Non-beverage alcohol is made by dissolving powerful poisons and specified energetics in alcohol, so as to make it impossible for the mixture to be used as a beverage. This, in our opinion, also makes its use impracticable in medicine. Such alcohol must, according to the rulings, contain appreciable amounts of substances, such as Carbolic Acid, Formaldehyde, Bichloride of Mercury, Alum or Lysol, in varying proportions, any one of which would forbid a physician from employing it as an alcoholic diluent in therapy. To drink such alcohol is to invite death. To use it in the preparation of a vegetable remedy would, in our opinion, be a crime.

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Pharmacists filling prescriptions for Specific Medicines, as well as physicians employing them according to directions on the labels, are not affected by, or concerned in, the Internal Revenue rulings regarding either beverage or non-beverage alcohol.

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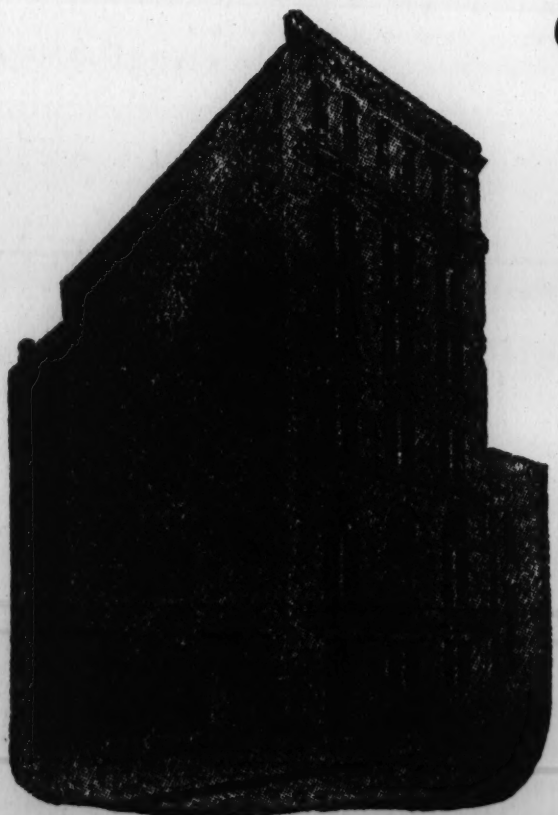
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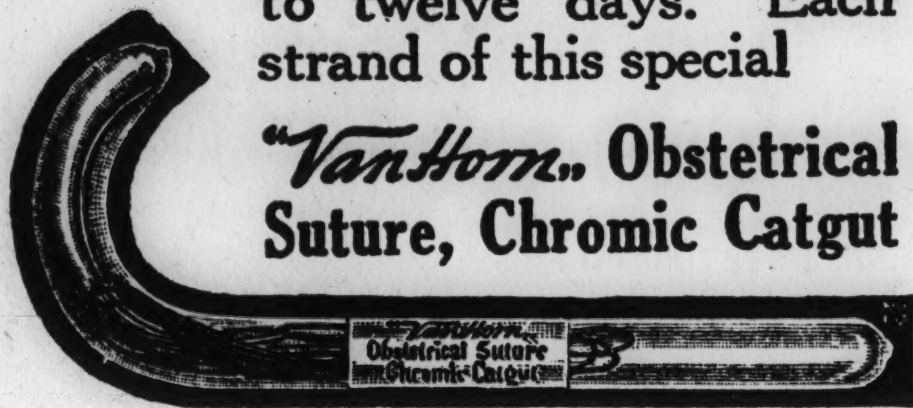
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The Effect:

Gout, rheumatism, constipation, biliousness, recurrent headache, mental depression, subnormal metabolism, languor, and in fact, innumerable local and general deviations from the normal state are frequently the direct effect of excrementitious materials.

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✦ Original Contributions ✦

SYPHILIS ACQUIRED AND CONGENITAL

J. C. Solomon, M. D., Los Angeles.

Read before the California Eclectic Medical Society.

It may seem strange to call attention to the problem of Syphilis, as it is recognized by all that Syphilis is a contagious disease, and that in consequence it is frequently transmitted by the infected person to the wife and children, etc., in spite of this knowledge the problem is largely neglected.

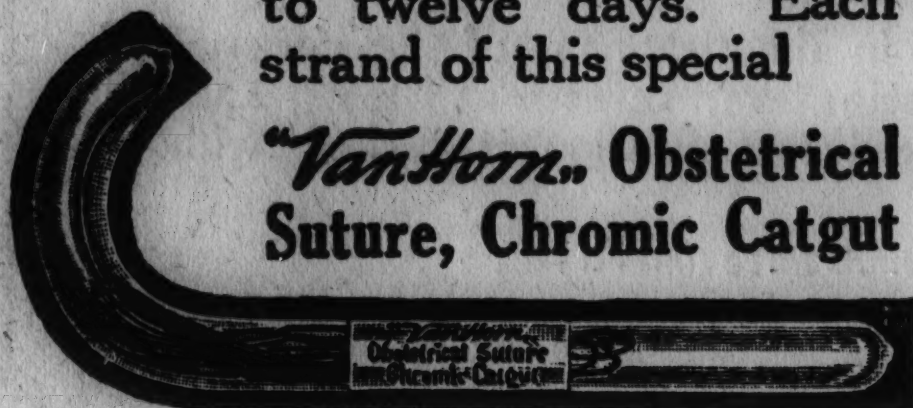
The complete story of Syphilis and its ravages cannot be told in a limited space. Suffice it to say that the symptoms of Syphilis may occur at any time after the infection, even though an individual live a half century, and that Syphilis imitates in its symptoms almost every disease. Some of the most frequent and most serious of the syphilitic conditions are cardio-vascular disease, i. e., early arteriosclerosis, apoplexy, aneurism, angina-pectoris, etc., and diseases of the nervous system, such as general paresis.

General paresis and locomotor ataxia (Tabes Dorsalis) are without exception syphilitic manifestations, just as without the tubercle bacillus there can be no tuberculosis, so without the spirochete pallida (the germ of syphilis) there can be no paresis or tabes.

We cannot here consider the mental, physical and moral devastation, the economic and social wastage, the anguish and suffering caused by those who have acquired it in adolescent or adult life, after nature defenses have been broken down, nor can we do more than merely enumerate a few of the terrible consequences on the offspring of the infected. Sterility, abortions, miscarriages, still-births and early deaths are among the less terrible consequences of parental syphilis.

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General paresis and locomotor ataxia (Tabes Dorsalis) are without exception syphilitic manifestations, just as without the tubercle bacillus there can be no tuberculosis, so without the spirochete pallida (the germ of syphilis) there can be no paresis or tabes.

We cannot here consider the mental, physical and moral devastation, the economic and social wastage, the anguish and suffering caused by those who have acquired it in adolescent or adult life, after nature defenses have been broken down, nor can we do more than merely enumerate a few of the terrible consequences on the offspring of the infected. Sterility, abortions, miscarriages, still-births and early deaths are among the less terrible consequences of parental syphilis.

These potential lives escape the sufferings and handicaps of many who are born with congenital syphilis. Feeble-mindedness, deafness, blindness, paralysis, deficient development, marasmus, meningitis, and skin diseases are among the early manifestations of congenital syphilis. Many congenital syphilitics are afflicted only with lessened vitality, anemia, delayed development, irritability, nervousness, neuritic manifestations and the like; others are apparently healthy, well developed children; but during the pubescent and adolescent periods the presence of the disease first makes its appearance, frequently interstitial keratitis, leading to partial or total blindness, or deafness, or there may appear the symptoms of syphilis of the central nervous system, known as juvenile paresis, juvenile tabes, etc., running through the whole gamut of the conditions produced by acquired syphilis. Many more conditions resulting from congenital syphilis might be added as well as the suspicion that many cases of neurasthenia, hysteria, and dementia precox, may be of like cause, but enough has been said to indicate the ravages of the disease.

How is it possible that such conditions are allowed to continue almost without a challenge? The reasons are several, the greatest of them is ignorance upon the subject, not only of the semi-informed social worker, but also a considerable degree of ignorance and indifference on the part of many physicians. This is not an arraignment of physicians; it is only a frank acknowledgment that our information is slowly accumulating and is still almost in the hands of the specialist, although several city and state health authorities require that every case of syphilis that may come under the care of a physician must be reported. But, is it done, is a question in my mind. However, I wish to state in this connection that every case, even in the secondary or tertiary stages that comes under my observation I report to the health office.

To any one suffering from syphilis, let me boldly offer the advice that none should be discouraged, if his physician disagrees with what is here stated let him consult a specialist. We can hardly pause to recall the difficulty of lay education on this previously prohibited topic, and the physician's hesitancy of betraying the confidence of his syphilitic patient, even to protect another, but there are other factors to be considered which depend on the very nature of syphilis. After the early symptoms, for a long period of time there may be no evidences to the patient that the disease is active, and hence he thinks he is safe, even though warned by a physician, he may disbelieve and marry, or the physician may believe him cured and give consent to marriage, or the victim

of the disease may be ignorant that he has or has had acquired syphilis; at any rate, as we well know, marriage is entered into by many syphilitics, and then arises the problem of the syphilitic. The problem as previously stated, is well recognized by all engaged in the study of syphilis. The family of the syphilitic, including wife and children, have been exposed to syphilis, the wife to the so-called acquired form, the children to the congenital form. Not all exposed to syphilis acquire the disease; for from it, for at least 75% of all prostitutes have syphilis, and if it were universally infective it would be almost universally widespread. There are certain laws that give us some insight into the infectivity of syphilis; for instance, it becomes less contagious as time goes on; open lesions are usually necessary for its transmission. In the congenital form the ravager grows less as the time from the original parental infection increases. These laws can be found in text books on syphilis, both medical and for the layman, but these laws are based on statistics, and while they apply to a group of cases, any particular case under consideration may prove an exception; in other words, there are many exceptions and much that we don't understand, so that every case presents a different problem. Syphilis in both its acquired and congenital forms is not always easy to recognize. A characteristic of syphilis is that there are long periods of quiescence or latency lasting months and years, during which there are no symptoms that bother the patient or appear on superficial examination; then five, ten, fifteen, twenty, or even forty years of latency is broken by an increase of the disease,—syphilis perhaps easily recognized as syphilis, but too late for treatment. In other words, latency may only mean the absence of manifest symptoms, while the disease is actively destroying the organism. This period of latency is to be found in nearly every case in which the most serious results happen. Many individuals are not aware that they have acquired syphilis until the late manifestations appear. We have often had patients relate how lucky they have been in avoiding syphilis all their lives, when as a matter of fact they were victims of the disease.

It is by no means easy to make a diagnosis of syphilis. In the last few years we have been greatly helped by the Wasserman test, but this is not a sufficient and final criterion; there is still much difficulty and much to be learned, but we do know that the most likely field for the discovery of syphilis is the family of the syphilitic patient. In many cities and states they have well equipped clinics; here we also have a

hospital created for the profession of prostitutes who happen to be arrested by officers of the law for vagrancy, are examined, and if syphilitic are placed in the hospital for treatment until cured, or rather until the open lesions have been restored to a healthy condition. The examination and treatment when indicated, in particularly the family of the syphilitic, becomes one of the greatest services such clinics and hospitals can offer the patient, his family, the community and the nation.

The suggestion of Moebius about a generation ago, that paresis and tabes were syphilitic conditions met with great skepticism, but as new tests were discovered this hypothesis became more and more plausible, and in 1913 the final link in the chain of evidence was the discovery of the spirochetes in the brain and cord of the paretic and tabetic by Noguchi and Moore. With the discovery of a serum test in 1906 by Wasserman, Neisser, and Bruck, a new aid and a new impetus was given and since the studies have been made by man in all countries, among whom may be mentioned Regis, Has-
kel, and Hyde, the findings of these men differ only in percentage. It should be borne in mind that the Wasserman findings do not represent the total of syphilitic involvement. In many syphilitics a negative blood Wasserman test is obtained. Much of the syphilitic damage is represented by abortion, miscarriages, still-births, and early deaths, no greater cause of race suicide can be imagined than syphilis.

In closing I wish to say that to those who fear to tell a man or woman that the above diseases mentioned are syphilitic manifestation, I will offer a timely warning, because before long this will be as common knowledge as that consumption means tuberculosis.

MISTAKEN DIAGNOSIS, OR NON-DIAGNOSIS, WHICH?

E. R. Petskey, M. D., Douglas, Ariz.

While spending a few weeks in the northern part of the state I was called upon to examine a child eight years old. The parents told me that they had called in a certain doctor, but that he had failed to return. On the day he did call, he pronounced the case one of scarlet fever. He placed a thermometer in the child's mouth, but refused to remove same and insisted upon the mother reading it. Then he rinsed his mouth out with Listerine, washed his hands and face, and beat it.

The child had been in hospital with the measles and was released and about two days afterwards had a temperature of one hundred and two with a pronounced rash all over the body, but never any on the face. The eyes were beautifully clear. She felt good. It was five weeks from the time she first began to have the temperature to the day I saw her. I immediately disagreed with the first diagnosis, but must say the case puzzled me. Urine showed albumen; leucocytes 13,000. I examined the tonsils and there found to my mind the whole trouble. The glands of the neck were enlarged and also in the axilla. Advised the parents to take the child to the coast to a cooler climate and there to have the tonsils removed, but they asked me to perform the operation and then decide about the coast trip. I agreed to do so. Child was operated on the next morning. Within twenty-four hours the temperature began to drop to normal. In three days the child was up and around and the nurse discharged, and has been well and normal ever since. During this stage of illness, the patient would soil four to five cloths a yard square with the most terrible discharge from the nose. I also removed adenoids.

During the last few months I have met several cases that had a rash all over the body and did not show any other outside symptoms. A good practice when in doubt as to your trouble, is to examine the throat very carefully. I have gone so far as to appeal to the Judge to have a quarantine card removed. Remember what it means to your patients and the other householders when you tack up that yellow or red card. Keep your patient under observation till you are sure of your diagnosis.

After a tonsilectomy, I use the following mostly:

R. Spec. Tr. Phytolaccae, Dr. jv-vjjj
Tr. Ferri. Chlor., Dr. jj.
Spec. Tr. Chionanthus, Dr. jv.
Glycerini, Oz. j.
Elix. Simplicis, q. s. Oz. jv.
Misce.

Sig:—Dr. j 0 H 3.

Externally: Either my favorite Libradol combination or a cold compress to be changed twice a day.

Since writing this article another child sixteen months of age has come under my observation with similar symptoms. Here also I operated on the tonsils. Results gratifying. I might add that I am not partial to the complete removal of the gland and very very seldom resort to this drastic meas-

ure. I feel that by this method I have not deprived the patient of its glandular action. We adhere closely to the same principles in Oophorectomy; then why not so in tonsilectomies?

Whilst dwelling on the lines of diagnosis, may be some kind reader will enlighten me on the following case. I will admit that I have failed in my treatment here.

Patient is a male, nineteen years of age. He cannot hold his water. Suffers no pain. Does not have any bad habits. Urinalysis reveals nothing. Physique is very good. He is rather inclined to be morose. Does not require a circumcision. Tried pituitary extract on him with no results. The question is whether this is an affection of the kidney or the bladder, or the cut-off muscle. Any helpful suggestion either through the columns of the Journal or directly to me, will be highly appreciated.

We ought to use our Journal more as a medium of exchange of thoughts and experiences as well as questions, and I am sure our Editor will welcome this also.

IMPRESSIONS RECEIVED FROM OBSERVATIONS INDELIBLE

Henry M. Owens, San Francisco.

The mind is so constituted that whatever is placed in the line of vision is forever imprinted on the memory, particularly so on the minds of women, because of their finer sense and higher nerve tension, and anything which is out of the ordinary is more likely to be branded deeper on a woman's mind than the every-day affairs of life.

The natural trend of the mind is to observe and be shown; descriptions fail to impress. Things must be shown in order that the memory may easily recall how the objects exhibited, appeared; in fact a single picture often conveys more information than a volume of description. There is nothing impressed upon the memory unless the subject matter is associated with form or shape, color, horror or beauty. All natural things, however beautiful or ugly, which compose the universe and its contents, have a shape. No physical being or thing can exist without having elements existing in nature; nothing could possess its mark of distinction, nor have any looks, shape or resemblance, so that we could recognise or distinguish between persons or things. The configuration of persons and inanimate objects is permanent or varied as age advances and this faculty is aided by being able to retain the

recollection of shapes and forms previously observed by their figures and appearance.

As far as the eye can distinguish a person, we know him to belong to the human race by his resemblance in form to that race. Besides this general resemblance though all men have feet, body, hands, heads, eyes, noses, mouths, chins, eyebrows, foreheads, hair, etc., yet no two human beings look exactly alike. There are distinguishing marks, hence it becomes necessary to distinguish by comparison, i. e., inductive reasoning. We must classify and reason from parallel cases and a collection of scientific facts, put this and that together and draw our inferences in order to arrive at a conclusion. This mode of reasoning, properly applied is an infallible exponent of truth. To reason without facts, is like attempting to erect a structure without first laying a foundation.

In order to be able to identify a person or to say a child is legitimate, it is first necessary to obtain all of the known facts as to his birth, the characteristics of his supposed father and mother, the surroundings of the mother and the condition of her physical health and mentality from conception to birth; whether or not she was an admirer of looks of any particular man, other than the father of the child, or an admirer of the portrait of any other person, her opportunities and desire of visiting art galleries, whether or not an unusual event, was observed by her during pregnancy. Observe her looks, shape, form, mannerisms, dialect, complexion, color of her eyes and hair; also whether her association with the father had been pleasant and congenial; whether he had been her ideal of husbands or fathers, and had furnished her with plenty of food, clothing and amusement during pregnancy; did she apply her mind in any particular direction; was the child a welcome visitor or an intruder? All of these facts must be presented to the alienist in order that he may draw inferences before he can render his conclusions as to the legitimacy of the child, or the identity of the person.

The same facts should be sought in a criminal trial in order that it may be determined as to whether or not the prisoner was branded with any trait of prenatal influences. These questions should be learned by every prospective bride or groom in order that they might determine before-hand that they were physically unfit to get married and raise children, before it was too late.

Reasons Why These Questions Are Asked.

In determining the paternity of a child the medical examiner should bear in mind that it has been held by medical

jurists that the children of a woman may resemble her first husband, although long since deceased; or alive, but in no way responsible for her pregnancy, rather than their own father; on the other hand, the child may resemble and have all of the characteristics of an acquaintance or even a stranger, both of which not being carnally known by the other, or the appearance and characteristics of an animal. (If carefully observed, every man or woman has some resemblance to the family dog which prevailed in the household when they were conceived, and it is not a very hard task to name the breed of the dog.)

Where Do These Characteristics Originate?

Up to very recent times it was believed even by naturalists, that all the various processes of multiplication observable in different kinds of organisms, had one essential character in common. It was presumed that in every species the successive generations were alike. It has, however, been proven to the satisfaction of almost every writer on the subject of genesis that in many plants and in numerous animals that the successive generations are not alike; that from one generation there is produced another whose members differ more or less in structure from their parents; that these reproduce themselves or like their parents or altogether unlike either. But in a subsequent generation, the original form is reproduced. This heredity plays its role to a certain extent, that is to say, each plant or animal, it reproduces, gives origin to others like itself, the likeness consisting not so much in individual traits as in the repetition of the same general structure.

This truth is plainly seen in sheep, cattle, horses, dogs, cats, and hogs. I use these species because we are all more or less familiar with these animals. A male and female sheep will reproduce a sheep, but it may have a black fleece while its parents both had white fleeces and the same applies to the other animals, yet nowhere in previous generations did this color appear. The individual traits of the animal, however, may be altogether unlike either of its parents or forefathers. Therefore not inherited. That individual traits of the parents are transmitted to their children is a settled axiom and can no longer be questioned. Yet heredity is not the only source through which these characteristics are reproduced, and when I speak of traits I do not refer wholly to the shape of any of the anatomical parts of an individual, but in all of my discussions of traits and characteristics, I desire to be understood as referring largely to mental traits and characteristics. We must remember that equally conspicuous with the truth, that

every organism bears a general likeness to its parents, yet it is the positive fact that no anatomical structure is exactly like either parent; hence variation is coextensive with heredity.

The degrees of variation have a wide range; some deviations are hardly noticeable while others are great enough to be classed as monstrosities, but the transmission of variations is itself variable both in the directions of decrease or increase. An individual trait of one parent may be so counteracted by the influence of the other parent that such traits may not appear in the offspring, or it may appear in a less or in a higher degree. Though unlikeness among progenitors is one antecedent of variation, it is by no means the only one. Were it so, then the offspring successively born to the same parents would be exactly alike in traits, character and appearance.

If any peculiarity in a new organism were a direct resultant of the structural differences between the two organisms which produced it; then all subsequent new organisms produced by these two would show the same peculiarities. But it is a well-known fact that successive children have absolutely different appearance, shape, color, character and mentality. In fact no two are ever exactly alike; thus the science of induction points unerringly to three causes of variations working and in action together.

We see functional variation in the parents, which acting alone or in combination with the preceding cause, would entail the same structural variations on all young ones simultaneously produced, which all biologists admit does not exist. Therefore old mother nature unerringly points her finger straight to a third cause of variation, which acts along with the structural and functional variations of ancestors and parents.

Spencer and others so far as they have gone in their investigations admit that this "great third cause" is yet to be found. (Spencer, Vol. I, p. 325.) This third cause is, we claim, without fear of ever being successfully contradicted, to be what we here call "Utero Foetal Photography." This cause is not brought about by any functional changes in the parents, as claimed by Spencer, but it is caused by an altogether different influence, as we will shortly see.

Darwin says he has sometimes thought it was due to change. But says Darwin: "It serves to acknowledge plainly our ignorance of the cause of each particular variation," and Spencer, while holding in common with Darwin that there must

be some cause for these apparently spontaneous variations, yet he assumes that a definite cause is assignable. He says: "A single touch, by introducing into the body some morbid matter, may set up an immensely involved set of fundamental disturbances and structural alterations. The whole tenor of a life may be changed by a word of advice; or a glance may determine an action which alters thoughts, feelings and deeds throughout a long series of years," and after attempting to sustain his position that there is an assignable cause, yet he is still in doubt for he says: "Still it may be fairly objected that however the attributes of the two parents are variously mingled in their offspring, they must in all of them fall between the extremes displayed in the parents." In no characteristic could one of the young exceed both of the parents, were there no cause of "spontaneous variations" but the one alleged. Evidently then, there is a cause yet unfound.

It is a well-known truth that the power of geological actions to modify the shape and form of plants and animals is conspicuous throughout the world. In each locality denudation slowly uncovers different deposits, and slowly changes the exposed areas of deposits already uncovered. Plants and animals of all kinds are in the course of generations, subjected by alterations in the crust of the earth, the changes of the ocean currents, of cold or warm water and the action of the sun, to sets of incident forces differing from previous sets, both by changes in the proportions of the factors, and occasionally by the addition of new factors.

A change of the climatic conditions or modification of the soil will also act favorably or unfavorably on the plant and vegetable life and the animals or human beings which eat the plants thus affected are more or less altered in their states of nutrition and sooner or later will show its effects on them; and on the status of the nutrition of the organisms depends largely the status of the offspring.

All biological interpretations, speculations, and investigations tacitly assume that organisms of every kind in every era and in every region have come into existence by the process of descent with various modifications, yet all do not agree on the process of evolution as being the chief cause of perfecting the human species. That the process of natural selection, has played a large part, is admitted by Darwin, Weismann and others, and many others charge it up to the inheritance of functionally produced changes. Yet many admit that both had their share in bringing the human race to its present status.

CIVILIANS MUST NOT USE WHAT GOVERNMENT NEEDS

Frank B. Anderson, the San Francisco banker, says:

"When Congress appropriated twenty billion dollars for the first year of the war, it consciously or unconsciously, appropriated the labor and services of all of the people of the United States—not twenty billion dollars, but raw material and the labor to turn that raw material into the finished product needed in the prosecution of the war.

"The production of the country before it entered into the war was approximately forty billion dollars, the consumption approximately thirty-five billion dollars, the excess approximately five billion dollars. Consequently the ability to make good the appropriations of Congress requires increased production or decreased consumption, or both, that would raise the surplus from the normal five billion dollars to twenty billion dollars.

"The plans and activities of the Administration will fail or be delayed to the extent that the population fails to bring the surplus of production over consumption to the basis demanded by Congress; and neither Liberty Bond issues, War Savings Stamps, nor taxation can solve the problem, for the reason that money is of no avail if the population consumes what the Government needs to carry on the war. We must teach the people that every act and every expenditure of each individual has a good or bad effect on the winning of the war; that to the extent that each individual fails to deliver as full a day's work as he is capable of he is working against the army in the field and aiding the kaiser, and to the extent that he fails to respond to the Government's demand for conservation of those things that are needed for the army and Allies he is giving aid and comfort to the enemy and is creating the conditions and causing the delays for which he is criticizing the Administration.

"The great purchasing power of the country is not in the hands of the comparatively few rich men, but in the hands of the great mass of workers."

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FIRESIDE MORALE

The Hun has posed as a superman for so long that he believes it himself. This makes his soldier a courageous fighter though it can not be said that he has any advantage over any of the Allies in this respect, least of all the Americans. But, other classes of the people must have courage as well as the soldier. Undoubtedly it requires courage of a high degree in the soldier boy to "go over the top," but it also requires courage in the father and mother to stay at home and just wait. General Grant has been given credit for saying, "We shall win this war if the folks back home don't run." And the same situation confronts us today. Already there is a little whimpering. Not much, just a little! The question is will our courage grow as our suffering grows, or shall we turn yellow? History will tell the tale, and it behooves us to see to it that the story is one worthy of a great people. And, as we are one composed of many, so also is our record. Individual personal courage by the fireside is as essential as in the trenches, and a great deal more somber. Personally I believe

that we have it, but the acid test of individual suffering will show to the world whether we are pure gold or just washed like the Kaiser's Yacht Cup.

**THE CANCER CAMPAIGN QUATERNARY: THE
PROBLEM; THE PUBLIC; THE PATIENT;
THE PHYSICIAN.**

**Wm. Seaman Bainbridge, A. M., Sc. D., M. D., C. M.,
New York City.**

No dissenting voice, so far as I am aware, has been raised against the movement, now so substantially under way, to educate the general American public concerning cancer. For more than a decade, as my published statements attest, I have emphasized the need for enlightenment on the part of the layman with reference to this disease, of which so much negative and so little positive information is available. I have endeavored to impress upon the medical profession the importance of so conducting the campaign of education as to avoid arousing needless alarm in the public mind, and to obviate the dissemination of conflicting views, theoretical observations, and deluding hopes. I have consistently and persistently maintained that physicians should be educated primarily, laymen, secondarily, and that pending the establishing of incontrovertible conclusions, hypothetical matters should be discussed in camera, and so cautiously that the promulgation of erroneous, premature, and misleading conceptions concerning any phase of the cancer problem would be reduced to a minimum.

The campaign of education has been under way long enough now for some estimate to be formed concerning the results, good, bad and indifferent, which it has yielded to date. It is time to ask ourselves whether the platform upon which we have been conducting the campaign has met the requirements, or whether it needs to be revamped in accordance with the results accomplished. We may well ask ourselves frankly: "Are we on the right road?" "Have we failed to notice and to point out any of the guide-posts along the highway?" "Have we misinterpreted any of the danger-signals?" "Have we wandered into by-paths fraught with dangerous pitfalls for those whom we are supposed to lead?"

No one, perhaps, is in better position to answer these questions than is the surgeon whose field of activity brings him in contact with a large number of persons directly or indirectly concerned with malignant disease. No one is more frequently importuned for what the patient, or the patient's

friends and family, consider the final word concerning this or that piece of information—or misinformation—gathered from the columns of the daily press, from the “popular medical lecture,” from the club, or from the medical meeting which the public may attend at will. Over and over the surgeon is asked, with emphasis as given: “**Is** cancer contagious?” “**Should** every little wart and mole, or every little lump and bump, be removed?” “**Will** I have cancer if I eat meat?” “**Must** I eat rice to prevent having cancer?” “**Does** persistent indigestion mean cancer of the stomach?” And so on, according to the hobby of the particular author or lecturer under whose temporary tutelage the individual has passed, and likewise, according to the peculiar psychological constitution of the said individual.

It has been said, in quite another connection, that “Experiments have two great uses—a use in discovery and verification, and a use in tuition. They were long ago defined as the investigator’s language addressed to Nature, to which she sends intelligible replies. These replies, however, usually reach the questioners in whispers too feeble for the public ear. But after the discoverer comes the teacher, whose function it is so to exalt and modify the experiments of his predecessors as to render them fit for public presentation.” In no field of investigation with which the physician is concerned may it be more truly said that Nature’s replies to our questionings come “in whispers too feeble for the public ear;” in no field of educational endeavor is it more important that the teacher render the subject matter “fit for public presentation,” than in this campaign of education concerning cancer. The reason is involved in the very complexity of the campaign. This must take into consideration the quaternary: the cancer problem, which, as all know, is full of complexities; the **public**, as a whole; the **patient**, as an individual; the **physician**, who is the one to deliver the message.

The Problem.

Ever since the inauguration, less than twenty years ago, of the scientific study of cancer, the questions connected with this malady have multiplied so rapidly that they have become merged into one great, complex and unsolved problem. The chief constituents of this mystifying whole are concerned with: (1) the **cause**; (2) the **diagnosis**; (3) the **prevention**; (4) the **cure**, of cancer. Each one of these at once introduces us to a labyrinthine tangle of conflicting opinions, and hence of uncertainty. The layman conducted into this maze, unless by a skilful leader, is sure to become confused and discomfited.

Cause.—One of the organizations concerned with the propaganda against cancer recently issued a circular entitled "Fighting Cancer With Facts." Unfortunately, the one great and all-important fact, the **cause** of cancer, is not in our possession. Whatever may be our individual interpretation presented by experimentation or by clinical observation, we have **no** incontrovertible facts to give to the layman who seeks enlightenment concerning the cause of this disease. We may have some negative findings; we may assert positively that cancer is or is not due to any kind of a parasite, microscopic, ultra-microscopic, or macroscopic; we may persistently deny that diet, of whatever kind, is potent to initiate the malignant process; we may agree or disagree concerning the proposition that cancer is or may be inherited; and we may accept or decline the oft-repeated statement that cancer is local in its beginning, and not in any sense a constitutional disease.

No matter what position we may assume with regard to the etiology of cancer, an army of opposition may be marshalled against us, equipped with apparently just as invincible weapons as we possess; for, truth to tell, neither side is really fighting, so far as the cause is concerned, with the impregnable armor of fact. Neither side, therefore, can vanquish the other. Even though one side may marshal seventy-five or a hundred thousand rats and mice against seventy-five or a hundred human subjects, in a contest of theories, who can say that either mice or men have won a victory?

How soon the smoke of battle may clear away and leave us and our allies, mice or men, triumphant, nobody can say. We can but hope that this consummation devoutly to be wished may soon be fulfilled. In the meantime, let us continue, in the laboratory or in the clinic, to fight for the possession of facts which will clear up this fundamental question, the cause of cancer. Pending the successful culmination of these efforts, how shall we interpret to the public Nature's "whispers" which come in answer to our investigations into the beginnings of this puzzling disease?

A few years ago, when so much was being said within the medical profession and in the secular press concerning the contagiousness and infectiousness of cancer, many of us were constantly confronted with anxious queries along this line, and with the serious and unfortunate difficulties which arose in the care of patients with advanced cancer. We have not forgotten the urgent demands made by some of the radicals for the burning of clothing, bedding, and even houses in which patients with cancer had lived, nor have we forgotten the unwillingness and refusal of nurses and other attendants to

take care of these unfortunates. This theory of the cause of cancer, like the poor, we have always with us, and this dread possibility, that after all, the disease may be transmitted from man to man, from animals to man, or even from plants to man, figures at times, in one way or another, in the literature concerning malignant disease. The theory has not been proved, nor has it been universally accepted as disproved.

What, then, is it safe to affirm, in this connection, in the promulgation of knowledge regarding cancer? All, it seems to me, that need be said, is:

(1) That the contagiousness or infectiousness of cancer is far from proved, the evidence to support this theory being so incomplete and inconclusive that the public need have no concern regarding it.

(2) That the communication of cancer from man to man is so rare, if it really occurs at all, that it may be practically disregarded.

(3) That any relationship between cancer in animals and in plants to cancer in man, so far as the acquirement of the disease by man, is concerned, is purely an academic question, an hypothesis so far from verification that even the "whisper" of it should not reach the public.

(4) That those members of the public in charge of or in contact with sufferers from cancer with external manifestations, or discharges of any kind, need at most take the same precautionary measures as would be adopted in the care of any ulcer or open septic wound.

(5) That in the care of patients with cancer there is much less danger to the attendant from any possible acquirement of cancer than there is of septic infection or blood poisoning from pus organisms.

Of all the theoretic ghosts that stalk through the realm of cancer, however, the veritable Banquo's Ghost, refusing to be downed, is the ancient Constitutional Theory of the origin of this disease. It followed close upon the Evil Eye, the Curse, and other primitive ideas of the cause of disease, and it looms more or less vividly upon the horizon, its vestments varying with the times or with the "spot-light" cast upon it. Hand in hand with this ghost goes another, just now—Heredity, an unintentional ally.

The combination is not an easy one to combat in the campaign of education, for a bewildering array of facts, figures and fiction has been collected by the supporters thereof. To be sure, the facts are not fundamental ones, the figures may be impugned as may all statistics, and the fiction is as interesting as any other fiction concerning this homely subject; the

serious import thereof, however, has a bearing upon the treatment of the disease, as we shall see, and hence upon the campaign of education as applied to the layman. It is important, therefore, that a rational stand be taken concerning these theories of the origin of malignant growths by those who are earnestly endeavoring, without preconceived and biased views, to instruct the public in the matter of the eradication of this scourge. Is it not enough, then, to teach, in effect:

(1) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formed concerning them, and that, in the light of our present knowledge, they hold no special element of alarm.

(2) That in cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings, is of distinct value, aside from any consideration of the essential cause of the disease.

(3) That suggestions which are put forward from time to time regarding the eugenic, dietetic and other means of limiting cancer, should not be accepted by the public until definitely endorsed by the consensus of expert opinion. Such consensus **does not exist** at present.

So far we have encountered only differences of opinion concerning the cause of cancer, but nothing that may be unqualifiedly pronounced a **fact**. What, more than mere hypothesis, may we say relative to this basic element of the great unknown? Is there nothing upon which all those who are interested in helping to eradicate this plague may earnestly unite, something which will materially aid in checking its ravages? Unfortunately, there seems to be no ground upon which all may stand so far as the **essential** cause of cancer is concerned. There are some dissenting voices, however feeble, with regard to the **predisposing causes** and the **local origin** of the disease; but the accumulated evidence, gathered from all over the world, from all manner of sources, from animal and other laboratory experiments, and from clinical observations so numerous as to seem to refute all opposing opinion, warrant at least the statements:

(1) That, notwithstanding the possibility of underlying general factors, cancer may, for all practical purposes, be at present regarded as local in its beginning.

(2) That prominent among the predisposing factors, for which one should be on guard, are: general lowered nutrition; chronic irritation and inflammation; repeated acute trauma; cicatricial tissue, such as lupus and other scars, and burns; benign tumors—warts, moles, nevi (birth-marks), etc.; also

that changes occurring in the character of such tumors and tissues, as well as the occurrence of any abnormal discharge from any part of the body, especially if blood-stained, are to be regarded as suspicious.

(3) That some occupations, notably working in pitch, tar, paraffin, analin or soot, and with X-rays, if not safeguarded, are conducive to the production of cancer, presumably on account of the chronic irritation or inflammation caused.

(4) That the finding of any abnormal condition about the body should be taken as an indication for competent professional and not personal attention.

Prevention.—It goes without saying that so long as we have not determined the cause of cancer we cannot definitely say that any given course of action or state of being may be counted upon to prevent the development of the local condition which we recognize as cancer. From long observation, as we have just seen, it has been determined that certain factors predispose to the initiation of the malignant process, and we are justified in warning against these factors, thereby placing the public on guard concerning them. We should not, however, be so zealous in our efforts to impress these predisposing factors as to be blind to other possibilities which may controvert our present stand. While busy with the problem of protective immunity, let us not brush aside as of no moment the proposition that heredity is a possible factor in the initiation of cancer, and therefore must be reckoned with in the prevention of the disease. But we need not (as some have done) become so imbued with the idea that heredity has been **proved** to play a part, as to advocate celibacy in those in whose person or family cancer is known to exist or to have occurred. Nor need we advocate the isolation of persons afflicted with cancer, or other extreme measures in keeping with the prevention of infectious or contagious diseases, because one school of cancer investigators persistently holds to the belief in the infectious nature of this disease. Let us continue to work—each in his or her own way, along lines of preference, looking to the solution of one or more of the enigmas and the ultimate complete analysis of the entire problem. But in the interim let us try to keep the public out of the investigation of the various theoretical and technical questions. Let us not do more than urge watchful waiting, along the lines indicated above, until decisive action is called for, but let us make it unmistakably clear that action, when needed, is the surest aid to the elimination of this malady, by the prevention of its occurrence or its eradication in its incipency.

Cure.—It has been urged by those who oppose the "cutting" of cancer, or who recommend the surgeon as a recourse of last resort, that the word **cure** is not applicable to cancer when the means employed are of a surgical nature. There is perhaps no more completely and ineradicably fixed delusion in the public mind than that cancer never is really cured, and that if it is cured it was not cancer. It is because of this idea, no doubt, that the public is always ready to accept on faith the latest therapeutic gallimaufry which is exploited. And yet the most tangible phase of the entire obscure problem of cancer concerns its cure. We come more nearly here to fighting cancer with facts than anywhere along the line. For such an accumulation of experience and observation is available to prove that cancer is cured by early and complete removal of the local manifestation which we call "the growth," that this evidence would seem sufficient to convince even the most skeptical. And, forsooth, it would, were it not for the fact that this particular variety of skepticism is incompatible with the scientific attitude of suspended judgment pending proof. It has, moreover, kept alive the aforesaid constitutional theory of the origin of cancer, with various collateral theories concerning diet and habits of life. Out of these theories, quite naturally, have come various methods of treatment, ranging from Christian Science to Rice Regime.

The Public.

It is particularly with regard to the question of the cure of cancer that the medical profession, as a whole and individually, should assume the responsibility of safeguarding the public from conflicting opinions, and the consequent lack of confidence in medical advice, with its concomitants, neglect, or the following of false gods. And yet there has been and still is a deplorable lack of unanimity in our views.

I have repeatedly had occasion to discuss the question of "cancer cures," and to deplore the fact that false hopes are constantly being aroused in the public mind by premature reports of "success" with this or that agent or method.

Radium is at present the storm-centre of conflict in this regard. The public is told by one authority (perhaps not intentionally), that "radium, our newest therapeutic agent, is proving to be of the utmost value in the treatment of cancer of all kinds, whether operable or inoperable." By another the public is told that while this agent "will continue to be of value in the treatment of certain small, relatively benign, accessible cancers . . . as yet no consistent benefits have been obtained in deeper tumors." On the other hand, reports have

been published in medical journals (and the information appropriated by the public) of deep-seated cancers "cured" by radium, while other reports tend to show that radium, "even in large doses, and when administered by some of its greatest advocates, is by no means infallible in the superficial cases that it is stated to cure," but, it is added, has made such cases vastly worse.

The public, meanwhile, reads of the thousands spent for radium products by one set of investigators, and of the doubt cast by another faction on the entire radium idea. One expert says: "Give me enough radium and I will cure every case of cancer"; another says: "Would that radium had never been discovered!" And the public loses faith alike in the advocate and the decrifier of this agent.

The same uncertainty confronts the public with regard to X-ray. "It cures"; "it should be used after operation in every case of cancer"; "it is of little or no benefit"; "it is positively harmful because it stimulates the growth of cancer,"—these and many similar statements may be found in campaign literature or heard in campaign lectures.

As for other so-called cures—and I have reference here not to the agencies employed by the patent quack—the public no sooner rids its mind of the hope aroused by the advocates of one "new remedy," before another is foisted upon it by reputable members of the medical profession.

The fact that the public receives much of its medical information through the newspapers, "hunting for something dramatic for their columns," should tend to make the profession much more guarded than it sometimes is in making statements concerning cancer and its treatment. Careless phraseology, which to the initiated is taken as intended, may be honestly misunderstood by the public, and for this reason, physicians, on general principles, should avoid such phraseology in dealing with a subject concerning which they have assumed to educate the public, and concerning which the public, in consequence of the preferred education, considers it has a right to knowledge from this source. If a layman reads, for example, or hears, that "while radium **manifestly** (the bold letters are mine) **ought to replace surgery in many instances**, and while it does some of its best work in **curing cases which surgery has not the remotest hope of touching**, yet on the whole there remains a large place for radium combined with surgery," etc., he is fairly sure to conclude that the author of such a statement means that radium can and does cure at least some cases which surgery is powerless to

benefit. Yet how many such cases can be presented? Are we fighting cancer with **facts** when we make such assertions, even among ourselves?

It must be confessed, however, that the public is not without blame in blocking the dissemination of useful information—or at least not harmful—concerning cancer. The intellectual proletariat may be excluded from this accusation, but those in high places in the world of letters are sometimes the gravest offenders. I have elsewhere directed attention to the unique and spectacular stand taken by one of the great editors of a few years ago, with reference to "cures" for cancer. Editors of today, with seemingly no realization of the evil that may ensue, allow the appearance of columns of sensational matter concerning cancer calculated to mislead their readers. Some of this—much, perhaps—is traceable to errors of judgment on the part of the medical profession; but much of it emanates, directly, from the aforesaid high places in the world of letters. A notable instance may be cited in the lengthy and positive advocacy of "red clover tea" by a facile and popular writer of the day, whose means of expression reaches at once thousands more than our campaign literature may be expected to reach in months or perhaps years.

A part, therefore, of the campaign of education should be directed toward impressing upon the public that if the hundreds of earnest workers in laboratory and in clinic are unable to discover ways and means, other than surgical removal, for the cure of cancer, it is a foregone conclusion traditional remedies, such as "red clover tea" and the thousand and one things that have been listed as cancer "cures," are to be considered time-wasters, and their advocates false teachers.

Too much emphasis cannot be placed (and not enough has yet been given) by the disseminators of knowledge concerning cancer upon the fact that of the large number of "failures" to cure this disease by surgical means may be charged to ignorance or neglect, or both, on the part of the patient, rather than to any inherent fallacy in the method of treatment. In this connection, unfortunately, the medical profession, in part, is not blameless, for there are still many who prefer to treat "relatively benign," superficial and accessible growths with caustics, electro-cautery, X-ray, radium, or some other non-surgical means. This being true, the task of impressing the public with the importance of the role they must play in the reduction of mortality statistics is rendered more complicated and needlessly difficult.

The Patient.

In a previous communication I endeavored to emphasize some of the difficulties encountered, from the patient's point of view, in the search for knowledge concerning and relief from cancer. These difficulties, so far as I am able to judge from my own experience and observation, have in no degree been lessened during the twelve months of campaigning which have elapsed since the appearance of this article, along with many others which appeared coincidentally over the country, all intended to emphasize some phase of the campaign of education concerning cancer.

It is doubtless true, as has been repeatedly stated, that the campaign of education has yielded results in the matter of causing more persons with premalignant and early malignant conditions to consult the surgeon, dermatologist, or family physician, and this, to be sure, is the prime motive of such a propaganda so far as the patient is concerned. But is it not possible to inculcate the idea that no chances are to be taken with these supposedly precancerous warts, moles, etc., that menstrual disorders, especially of middle life, should not be neglected, that bad teeth should be attended to before they have inaugurated a condition of chronic irritation in their vicinity, and that the various other predisposing factors should be borne in mind, without introducing the Mendelian theory of heredity to clinch our arguments, without telling the patient of the many things which recent experiments on hordes of animals have not proved,—without, in short, clouding the issue with any of the debatable questions now before us? The patient need not be shown "cancers in plants" and be told that these are similar to cancers in man, leaving the grotesque impression that cabbage, cauliflower, asparagus, or any other succulent and otherwise wholesome article of diet may be the host of a death-dealing disease, and that, if consumed, the host of the disease is changed from the vegetable to the consumer. Nor is it necessary to bring forward figures, mostly of ancient origin, to convince the patient that he must beware of a meat diet if he would escape cancer. Still less is there need for restricting the patient's diet in keeping with that of "far Cathay."

In short, once the patient has reached the point of consulting a medical adviser, the condition and not a theory is the paramount issue.

The Physician.

The second element of the four which, as I have said, are the chief constituents of the problem of cancer (cause, diag-

nosis, prevention, cure), so intimately concerns the last member of the cancer quaternary, the physician, that I have left it for further consideration in this connection.

I have repeatedly emphasized my belief in the necessity for beginning any crusade of education concerning cancer within the ranks of the medical profession. The reason for this is fourfold (if I may use another figure four), and is to be found, in tangible form, in the doctor himself.

So far as the campaign of education is concerned, physicians seem to fall into the following groups:

First, those who are so placed in their respective fields of action that they see very few cases of cancer, and for this reason are not so skilled in the diagnosis of this condition as others. Such practitioners are not confined to the rural districts, but may be found in smaller and larger cities as well. Inasmuch as, in the absence of dependable laboratory or other diagnostic tests applicable to the early stages of cancer, the recognition of the disease during these stages is entirely a matter of experience, physicians lacking this experience form the chief object of campaigning. If it is impossible for them to avail themselves of the large clinical material of the leading cities, through hospital internships, post-graduate courses, or other avenues, then the duty should be made clear to them of referring all doubtful cases to those of larger experience.

Second, those who may be called medical optimists. Nothing is the matter with the patient of this type of physician—found everywhere—until direful illness is imminent. The tendency of these over-hopeful doctors is to pooh-pooh the early stages of practically all diseases. Cancer is certainly no exception. Warts, moles, lumps, bumps,—all alike to him, are “nothing at all.” Menstrual irregularities are due to cold or exposure in young women, and to “the change of life” in those who are older. There is no digestive disturbance so persistent as to be inexplicable to him on a basis of improper diet, constipation, lack of exercise, or imagination. Such medical optimists are not the least difficult subjects for enlightenment in the campaign of education regarding cancer.

Third, those who, in contrast to the second class, may be called medical pessimists. They see in every lump or bump a corroding cancer, and in every menstrual disorder the necessity for a pan-hysterectomy. Needless alarm and mutilation are the inevitable results of such an attitude. Closer study of the individual case and keener analysis of signs and symptoms will obviate the difficulty in a large proportion of these cases. It is from such an angle that this particular class

of physicians should be approached in the campaign of enlightenment.

Fourth, those who are not lacking in experience, who are neither optimists nor pessimists, and who constitute the remainder of the medical profession, to which the campaigners themselves belong. The difficulty here—and it is no inconsequent difficulty—is the lack of unanimity. We are endeavoring to teach **facts** about cancer, when we have not determined what constitutes fact, except with regard to a very limited number of the questions involved. None of us are infallible in the matter of diagnosis, but once the conclusion is reached that a given condition is malignant, the treatment should be instituted in accordance with the facts of accumulated experience. No amount of theorizing can or has disproved the truth of the conclusion that accumulated experience warrants radical surgical removal, from the earliest stage to that which may be advisedly pronounced irremovable.

Many cases have been cited in which the tampering methods of the first class of physicians, the inexperienced, have unwittingly led to disastrous delay. The same unfortunate results have been chronicled as the outcome of the "Oh, let it alone!" advice to the patient who, perhaps, has come under the spell of the advocate of education regarding cancer, and who has honestly sought the early advice recommended. The woman, then, with the "lump" in the breast, or the man with the "crack" in his lip, goes out from such a medical adviser saying, "I **thought** that lecturer about cancer was an alarmist. I am glad I went to see Dr. So-and-so, for I was really frightened until he told me it was nothing." Perhaps it was not anything; but perhaps it **was**. The consequence in the latter case will be just as the cancer campaign lecturer predicted it would be. And this state of affairs is perhaps more common, and certainly more distressing, than that which is the outcome of the pessimist's advice, bad as it is. Fear, dread, and perhaps nervous and psychic upsets, on the part of the patient, unintentional neglect and avoidance on the part of friends and relatives of persons afflicted with cancer, are some of the results of the tendency to give a diagnosis of cancer too rashly. The diagnosis, if accepted, leads to treatment with the object of removal of the suspected lump or bump or other abnormality, by surgical means, by cautery, by radium, or other agency, according to the views of the physician consulted. In many instances, some of which I have cited elsewhere, unnecessary and mutilating operations have been performed as the result of this attitude on the part

of the physician. The medical faddist who, lacking neither experience nor diagnostic skill, denies to his patient the benefit of the only method of treatment which has stood the test of time, namely, surgical removal, just as surely adds his quota to the list of failures as do physicians of any other class.

With the higher perceptive ability which an earnest and unified education should develop, the physician of the near future should be able to catch the faintest whispers from nature and give them back to the waiting world with clarion-like reverberation.—Charlott Medical Journal.

NEWS ITEMS

Dr. Hastings of Tacoma, Washington, is spending a few weeks in Los Angeles doing post-graduate work.

Dr. Ward McMakin, Camas, Washington, is in Southern California spending some time. He has been here often before.

Dr. S. M. Atkins, a former student of the California Eclectic Medical College, has been given the commission of first lieutenant and is at Fort Oglethorpe, Georgia.

Dr. H. V. Crook, Big Pine, was in the city for a few days last month on professional business.

Dr. George W. Harvey has changed his address from Moorpark to Paradise, California.

Dr. E. R. Harvey of Long Beach, has been granted the commission of first lieutenant, and has been called for active duty August 5th, Fort Riley, Kansas.

Dr. H. V. Brown, Los Angeles, president of the California State Eclectic Medical Society, has been given the commission of captain.

Dr. W. E. Lyons and Dr. Amy Lyons of El Centro, are enjoying a pleasant vacation of a few weeks in Los Angeles.

Dr. and Mrs. H. T. Cox and Dr. and Mrs. A. P. Baird, of Los Angeles, are spending a month at Big Bear Lake. For a portion of the time they will be joined by Dr. and Mrs. H. C. Smith and Dr. and Mrs. T. C. Young of Glendale.

Mrs. Petskey, wife of Dr. E. R. Petskey, of Douglas, Arizona, is visiting her mother in Long Beach.

Dr. W. E. Smith, of Whittier, went to the mountains fishing last month and during the time, when he could not be reached, Mrs. Smith was called to Cincinnati by the serious illness of their daughter. Their youngest daughter, Miss Alvalee, was married recently to Dr. Barnhart, a dentist.

Dr. Zollman and family of Ohio City, Ohio, have moved to California and the doctor is looking for a location. On a previous trip he secured a license. He is a graduate of the Eclectic Medical College, 1901.

Dr. Finley Ellingwood of Chicago was elected president and Dr. H. H. Helbing, St. Louis was elected secretary at the last annual meeting of the National Eclectic Medical Association at the meeting in Detroit. The 1919 meeting will be held in Chicago.

Dr. U. C. Coe, Bend, Oregon, was elected president of the Oregon Board of Medical Examiners at their last meeting.

Died: Woodson Allen, Berkeley, a graduate of the Eclectic Medical College, 1884, formerly member of the local Board of Education, died at his home on June 30th.

Dr. J. M. Clark, graduate of the California Eclectic Medical College, was granted a physician and surgeon's license at the meeting of the State Medical Board in February.

Dr. H. V. Brown, Los Angeles, has been called to active service and ordered to report at Fort Riley, Kansas, on August 7th. He has the rank of captain.

Because the nation's reserve has been depleted by the calling of thousands of graduate nurses for service in military and naval hospitals, it is absolutely necessary immediately to call 25,000 student nurses for training in American hospitals. These young women are to be enrolled in the United States Student Nurses Reserve. The enrollment will begin July 29. Some will be placed in civil hospitals for training, while others will be placed in the new training schools to be established at military hospitals. Every doctor should bear this urgent need of the government in mind and endeavor to get young women to go into this work.

At the July meeting of the Los Angeles County Eclectic Medical Society it was decided to omit the August and September meetings. The place of the meeting in October will be announced later.

This war is to be won not by one man or one thousand men or one million men, or one million people. It is to be won by the united efforts of the individuals of many nations.

Every American citizen has an individual duty to perform, an individual share of the responsibility. The more powerful and effective the American forces are the shorter will be the war, and the shorter the war the fewer lives lost, the greater the number of American soldiers who will return home victorious.

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SAMPLES ON REQUEST

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Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned laboratory experts who standardize remedies according to physiological processes, Echinacea has no value. (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents clinically, and who employ it in disease treatment, Echinacea is of exceeding value. (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that it has no unkind action.

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the American Dispensatory:

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains"*.

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of Echinacea, "Await the voice of time. If Echinacea stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

LLOYD BROTHERS, CINCINNATI, OHIO.

October, 1915.

Save the Thoughtless Dollars

"I got the sweetest hat today. And, my dear, of course, I didn't really need it, but—"

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"I know I'd feel a lot better if I ate less, but I simply must have a big order of—"

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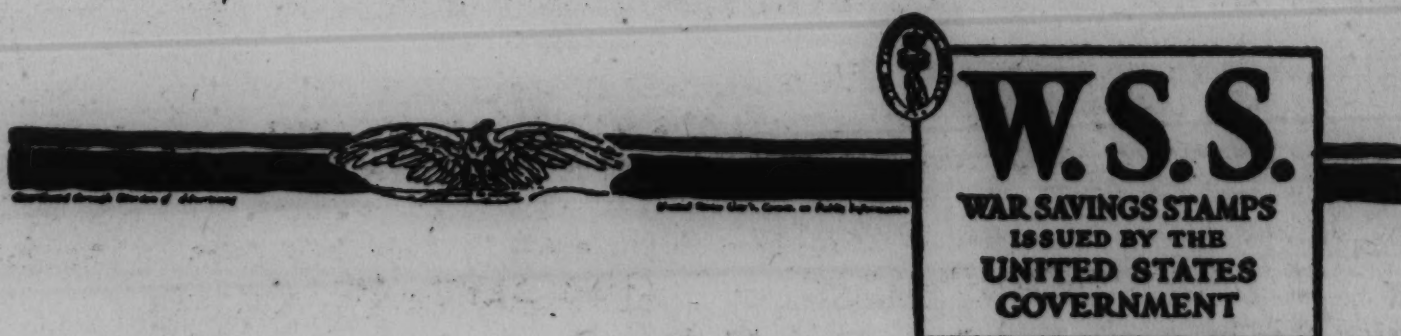
Over there in the Picardy mud, pock-marked with significant craters and "plum-caked" with unspeakable things that once were men, our soldiers can't hear all that some of us are saying. Good that they can't, isn't it? It wouldn't make it any easier to stand firm against those blood-crazed, grey hordes who come on wave after wave because they believe their Kaiser is "God's anointed shepherd of the German people."

* * *

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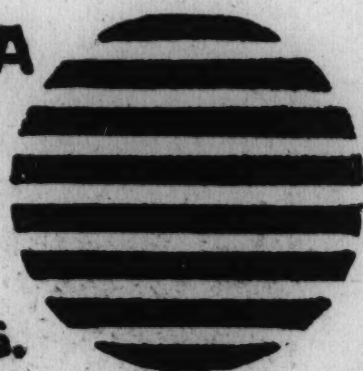
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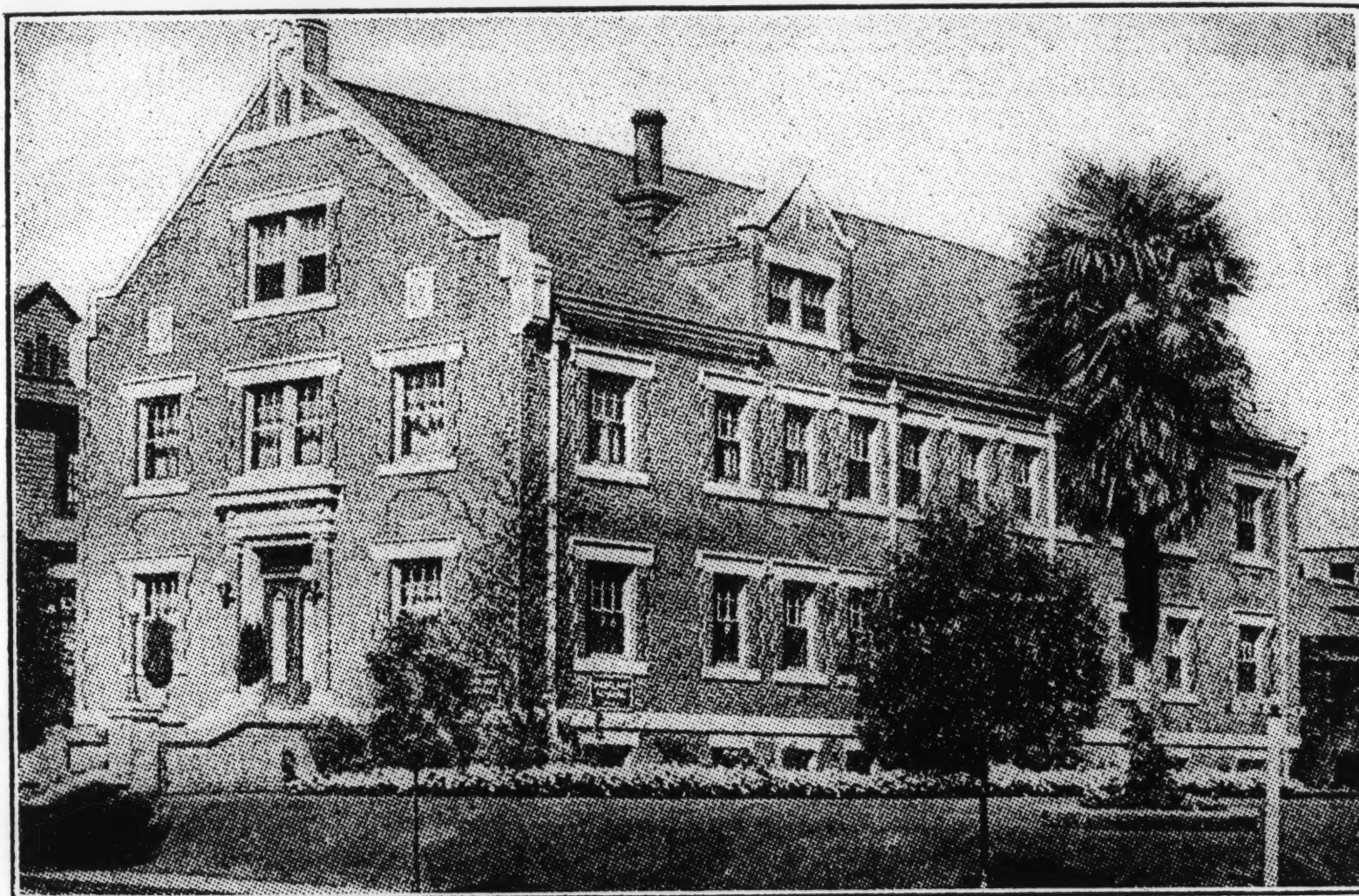
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